

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 96-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

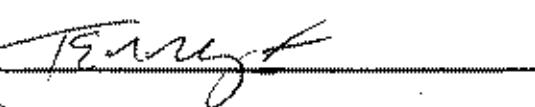
1. File Number U- 7893	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	
Name Terry	W Farmer
P.O. Box, Bldg., Room No., If any Suite 110	
Street 2300 Buena Vista S.E.	
City Albuquerque	
State New Mexico	ZIP Code + 4 87106
4. Name, file number, and address of labor organization.	
Name SMWIA Local Union #49 SHEET METAL WORKERS AFL-CIO	
Labor Organization File Number 019-552	
P.O. Box, Building and Room Number, If any Suite 110	
Street 2300 Buena Vista S.E.	
City Albuquerque	
State New Mexico	
5. Position in labor organization. Business Manager/Financial Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>
6. Name and address of Employer (Including trade name, if any).	7.b. Amount. <input type="text"/>
Name <input type="text"/>	
Trade Name, If any <input type="text"/>	
P.O. Box, Bldg., Room No., If any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed 

On **07-27-05** Date **505-266-5878** Telephone Number

Name of Person Filing

TERRY W. FARMER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Name and address of Business (including trade name, if any).

Name New Mexico State Apprenticeship Council

Trade Name, If any:

P.O. Box, Bldg., Room No., If any:

Street 501 Mountain Rd., N.E.

City Albuquerque

State New Mexico ZIP Code + 4 87102

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New Mexico State Apprenticeship Council

Trade Name, If any:

P.O. Box, Bldg., Room No., If any:

Street 501 Mountain Rd., N.E.

City Albuquerque

State New Mexico ZIP Code + 4 87102

11.a. Nature of such dealing.

Compensation for attending Council meeting. I am on the Board of Terry's

11.b. Approximate dollar value of such dealing.

 \$95

12.a. Nature of interest held or income received.

Paid by check. Received approximately the end of February for 2/19/04 meeting

12.b. Amount.

 \$95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.a. Nature of payment.

Name <input type="text"/>	
Trade Name, If any: <input type="text"/>	
P.O. Box, Bldg., Room No., If any: <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	

13.b. Is the Business an Employer or Consultant

?

14.b. Amount of payment.